

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

OTC 9/29/12

PRINTED: 08/27/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/15/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>IMPERIAL GARDENS HEALTH AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>306 W DUE WEST AVE MADISON, TN 37115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 281 SS=D	<p><b>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</b></p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to follow Physician's orders for intravenous medication administration for one resident (#2) of five residents reviewed.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on July 17, 2010, and readmitted to the facility on August 7, 2012, with diagnoses including Hypertension, Vascular Dementia, Peripheral Vascular Disease, CVA (stroke), Diabetes, and Hyperlipidemia.</p> <p>Medical record review of the Annual Minimum Data Set (MDS), dated July 30, 2012, revealed the resident was severely cognitively impaired and dependent for all activities of daily living.</p> <p>Observation on August 13, 2012, at 1:30 p.m., in the resident's room revealed the resident in bed, lying in the right oblique position, a bed wedge cushion in place, and a Wound Vac (negative pressure pump used to remove drainage from large or complicated wounds) and a dressing in place on the residents sacral area (tailbone). Continued observation revealed an I.V. (intravenous medication) pole beside the bed, and an empty 100 ml (milliliter) vinyl bag of intravenous medication labeled, "Teflaro (an antibiotic) 600 mg/100 ml (six hundred milligrams</p>	F 281	<p>This Plan of Correction (POC) has been developed in compliance with State and Federal Regulations. This Plan affirms Imperial Gardens Health and Rehabilitation's intent and allegation of compliance with those regulations. This POC does not constitute an admission or concession of either accuracy or factual allegation made in, or existence or scope of significance, of any cited deficiency.</p>		
		F 281	<p>1. Resident # 2 on 8/13/12 was assessed by the Assistant Director of Nursing and no adverse outcomes were noted. The Assistant Director of Nursing on 8/13/12 notified the attending physician and pharmacist with no new orders received.</p> <p>2. A 100% audit of residents on intravenous antibiotics was completed by Unit Manager and no other residents were found to be affected. In servicing for proper intravenous antibiotic administration by the Nurse Educator and Assistant Director of Nursing on 8/13/12 with licensed nurse on duty.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Clay V. Duhon*

TITLE

ADMINISTRATOR

(X6) DATE

9-6-2012

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

SEP 07 2012

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F 281	Continued From page 1 in one hundred milliliters) NS (normal saline) over 60 min (over sixty minutes) bid (twice daily) hanging from the pole. Continued observation revealed the medication vial affixed to the bottom of the bag contained approximately 3 milliliters of medication that had not been mixed into the I.V. bag after it was reconstituted (Mixed with saline prior to being added to the intravenous solution). Interview with the staff member present in the room revealed the I.V. medication was given in the morning and at night, and the infusion had been completed earlier that day.  Review of the manufacturer's specifications for Teflaro revealed "...dosage strength...600...volume of diluent to be added, ML (Milliliters) 20...Approximate Concentration... (mg/m) {milligrams per milliliter}...30...amount to be withdrawn...total volume..."  Interview with the Quality Improvement Coordinator on August 13, 2012, at 1:55 p.m., in the resident's room confirmed the Intravenous medication had been improperly administered.  C/O #30259	F 281	3. All licensed nurses are being in served by Nurse Educator on proper intravenous antibiotic administration starting 8/17/12 - 9/7/2012. All licensed nursing personnel hired after 9/7/2012 will receive training as part of their orientation from the Nurse Educator.  4. Director of Nursing and or Clinical Unit Managers will audit all residents on intravenous antibiotics for appropriate administration 4 times week for 2 weeks; then 3 times week for 4 weeks; then monthly for 2 months and/or until 100% compliance is achieved. The results will be reported by the Nurse Educator to the Quality Assurance Performance Improvement Committee which is comprised of the Medical Director, Administrator, Director of Nursing, Clinical Unit Managers, Nurse Educator, MDS Coordinator, Dietary Manager, Activities Director, Plant Operations Manager, and Environmental Services Manager.		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it -	F 441		9.14.12	

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F 441	<p>Continued From page 2</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain infection control measures for one resident (#2) of five residents reviewed.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on July 17, 2010, and readmitted to the facility, on August</p>	F 441	<p>1. Resident # 2's Foley catheter bag and tubing was placed in a protective bag on 8/13/2012 by unit manager and was repositioned off of the floor. On 8/13/12 the Assistant Director of Nursing notified the attending physician with no new orders received. The unit manager assessed resident #2 with no adverse outcomes. Foley catheter and drainage bag changed 9/06/12 by charge nurse.</p> <p>2. A 100% audit on 8/13/12 by Clinical Unit Manager and central supply technician of all residents with catheters was completed and no other resident was affected.</p> <p>3. All Licensed and certified nursing staff will be in serviced by nurse educator on proper Foley bag and tubing positioning, starting 8/17/12-9/7/12. All licensed and certified staff hired after 9/7/12 will be educated during orientation.</p>		

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F 441	<p>Continued From page 3</p> <p>7, 2012, with diagnoses including Hypertension, Vascular Dementia, Peripheral Vascular Disease, CVA (stroke), Diabetes, and Hyperlipidemia.</p> <p>Medical record review of the Annual Minimum Data Set dated July 30, 2012, revealed the resident was severely cognitively impaired and dependent for all activities of daily living.</p> <p>Observation on August 13, 2012, at 1:30 p.m., in the resident's room revealed resident #2 with an indwelling urinary catheter attached to a bedside drainage bag. The bedside drainage bag contained seven hundred milliliters of dark, tea colored urine, with heavy white sediment noted in the clear tubing and the drainage bag. The catheter bag was attached to the bed frame and the bed was in the low position. Continued observation revealed the urinary catheter bag drain line (used to empty the bag) was in direct contact with the floor.</p> <p>Interview with the Quality Improvement Coordinator, on August 13, 2012, at 1:55 p.m., in the resident's room confirmed the urinary catheter bag was not to be in contact with the floor.</p> <p>C/O #30259</p>	F 441	<p>4. All residents with catheters will be audited by Clinical Unit Managers and/or Nurse Educator for proper bag and tubing positioning 4 times week for 2 weeks; then 3 times week for 4 weeks; then monthly for 2 months and/or until 100% compliance is achieved. The results will be reported by the Nurse Educator to the Quality Assurance Performance Improvement Committee which is comprised of the Medical Director, Administrator, Director of Nursing, Clinical Unit Managers, Nurse Educator, MDS Coordinator, Dietary Manager, Activities Director, Plant Operations Manager, and Environmental Services Manager.</p>	9-14-12	

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